PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number 09/925,612 Filing Date 08/09/2001 First Named Inventor Manlik Kwong FEB 1 8 2005 Art Unit 3672 Examiner Name ay In Jeffrey R. Jastrzab all correspondence after initial filing) Attorney Docket Number 113781.121US2 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC 1 Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer below): Extension of Time Request Request for Refund Postcard **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Supplemental IDS - 2 Publications: WO00/30529 & US5,724,025 Reply to Missing Parts/ Incomplete Application NOTICE OF APPEAL Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Wilmer Cutter-Rickering Hale and Dorr LLP Signature Printed name Eric L. Prahl Date Reg. No. 02/15/2005 32,590 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Maureen DiVito 02/15/2005 Typed or printed name

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PTO/SB/17 (12-04)

Complete if Known

Multiple Dependent Claims

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cons are required to respond to a collection of information unless it displays a valid OMB control number Under the Panerwork Redu

		frations Act, 2005 (H.R. 4818).	Application Number	09/925,612					
FEE TRANSMITTAL For FY 2005			Filing Date	08/09/2001					
			First Named Inventor	Manlik Kwong					
Applicant plains small a	antihu atatu	10. Soo 27 CEP 1 27	Examiner Name	Jeffrey R	. Jastrzab				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3672						
TOTAL AMOUNT OF PAYN	MENT (\$) 180.00	Attorney Docket No.	113781	.121US2				
METHOD OF PAYMENT	(check a	all that apply)							
Check Credit Card Money Order None Other (please identify) Deposit Account Deposit Account Number: Other (please identify) Deposit Account Name: Deposit Account Name:									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEAR									
	FILING	FEES SEAF Small Entity	RCH FEES EXA Small Entity	MINATION FEES Small Entity					
Application Type	Fee (\$)	Fee (\$) Fee (\$		e (\$) Fee (\$)	Fees Paid (\$)				
Utility	300	150 500	250 20	00 100					
Design	200	100 100	50 13	65	0				
Plant	200	100 300	150 10	60 80					
Reissue	300	150 500	250 60	00 300	0				
Provisional	200	100 0	0	0 0					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Each independent claim o	r Reissue				Small Entity Fee (\$) Fee (\$) 50 25 ent 200 100				
Multiple dependent claim				P P	360 180				

	- 20 or HP = x =	Fee (\$)	Fee Paid (\$)				
	HP = highest number of total claims paid for, if greater than 20	0	0				
	Indep. Claims						
	3 or HP = x =						
	HP = highest number of independent claims paid for, if greater than 3						
ı	3. APPLICATION SIZE FEE						
١	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)						
1	for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
	Total Sheets Extra Sheets Number of each additional 5		Fee (\$) Fee Paid (\$)				
	- 100 = /50 = 0 (round up to		=				
		a whole hamber,					
	4. OTHER FEE(S)		Fees Paid (\$)				
	Non-English Specification, \$130 fee (no small entity discount)						
	Other: (Code 1806) Supplemental IDS		180.00				
	Office: (Oddo 1000) Cappionionia 120		100.00				

Fee Paid (\$)

Total Claims

Extra Claims

Fee (\$)

SUBMITTED BY				
Signature	Lu. VV. In	Registration No. (Attorney/Agent) 32,590	Teleph	one 617-526-6043
Name (Print/Type)	Eric L. Prahl		Date	02/15/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.